## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09</u> /1 <u>7/2010</u>	Address:	Baffalo trace apts, 2 <sup>nd</sup>
Case #:	<u>34Г3664</u> 8		Dubois, 1N
County:	<u>Dubois</u>		
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
	onal Lab al/Glasswarc/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open pir, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>Bed</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrocl	hloric Acid Gas Generator(s):		
Corrosi	ve Acid:		
Corrosi	ve Base: Bed		
Other (i	tem and location):		
Yes 2 to     No	er age 18 discovered (check one) (number present)  port to Child Protective Services	☐ Ephedrin ☐ Retail/Mo	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip iminal Investigation
This repor	t is to be faxed to the following agen		_
	ment: <u>Dubois Volunteer</u>	Fax:	· <del></del>
Health Department: <u>Dubois County</u>		Fax:	_
Child Prote	ction Service: <u>CPS</u>	Fax:	
	information regarding this methampho g Officer: David Qualkenbush - Phot		ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case life, and a copy sent to the Clandestine Laboratory Team Leader for retention.